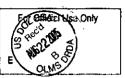
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10420	2. Fiscal Year Covered From:		
•	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Kevin T Jarvis	Name Major League Baseball Players Association Organization File Number 064-727		
P.O. Box, Bldg., Room No., if any Suite 310	P.O. Box, Building and Room Number, if any		
Street 1200 Shermer Road	Street 12 E. 49th Street		
City Northbrook	City New York		
State     ZIP Code + 4 6 0 0 6 2	State New York ZIP Code + 4 10017		

Enter appropriate data below if, during the past ficcal year, you or your spouse or minor child directly or it directly had any of the following interests (or contain the exclusions set forth in the instructional):

A. Held an interest In, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employeds your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest. Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
City					
State ZIP Code + 4					

## Signature

A.		penalties in the instructi	
Signed	On	08/13/05	847-559-8420
		Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name NIKE USA a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street One Bowerman Drive City Beaverton 0R ZIP Code +4 97005 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. MLBPA Licensee Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street \$108,269.11 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State endorsement; use of shoes \$1,929.85 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of раугнепt.	